

Medical Reserve Corps

Office of the Surgeon General
U.S. Department of Health and Human Services



Technical Assistance Series ***Special Topics: MRC Training and Core Competencies***



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www.medicalreservecorps.gov

Medical Reserve Corps Technical Assistance Series



Office of the Surgeon General, U.S. Department of Health and Human Services

As part of its effort to support the growth and sustainability of **Medical Reserve Corps (MRC)** units across the United States, the MRC Program Office—headquartered in the office of the U.S. Surgeon General—has developed a series of technical assistance documents. Each one addresses topics considered important for MRC units. The Technical Assistance Series is available at: www.medicalreservecorps.gov. Some of the topics addressed are as follows:

- **Getting Started: A Guide for Local Leaders**
Each MRC functions differently. The first step in forming a unit is to carefully evaluate your local situation. It is important to secure a broad base of support from others in your community. Identifying and acquiring resources is essential to meeting your MRC's operational needs.
- **Organizing an MRC Unit: Operational Components and the Coordinator's Role**
The coordinator's main job is matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. Establishing and sustaining the unit's internal organization also is a priority.
- **Coordinating With Your Local Response Partners**
MRC units supplement a community's existing emergency medical response capabilities and public health infrastructure. Coordinating with local response partners is critical, as is developing and nurturing a broad network of partners. Conducting exercises with response partners will be necessary, as will close communications during and after an emergency or engagement.
- **Developing Volunteer Relationships and Capabilities**
Developing volunteer capabilities is a key mandate for every MRC unit. The process begins by advertising your MRC unit to the community. As volunteers are screened and matched with existing needs, they must be informed of any risks associated with their MRC activities. They also will require additional training.
- **Establishing and Maintaining Your MRC Unit's Organization**
A well-run organization is the foundation for every successful MRC unit. Information must be tracked and updated for volunteers and local partners. Policies must be established and followed. Operating funds must be solicited, along with leveraged public and private sector resources. Planning—strategically, financially, and operationally—is an essential, ongoing function of the MRC unit's administrators.
- **Special Topics**
Some of the more complex aspects of operating an MRC unit are related to differences in local laws and the evolving technical nature of the MRC's work. For example, legal liability is something every unit member should know about. Another special topic of interest to MRC units is sustainability. Special publications address these and other emerging topics.



The **Medical Reserve Corps** program is sponsored by the U.S. Surgeon General's Office in cooperation with the White House's **USA Freedom Corps** and the Department of Homeland Security's **Citizen Corps**.





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The information in this publication is intended as a general guide to establishing and operating a Medical Reserve Corps unit. The MRC Program Office encourages communities to consider alternative approaches that may offer a better fit for their local circumstances, resources, and needs. The MRC Program Office welcomes learning from these successes.

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Special Topics: MRC Training and Core Competencies

Contents

Acknowledgements.....	ii
Medical Reserve Corps Training and Core Competencies.....	1
Medical Reserve Corps Training/Core Competency Work Group.....	1
MRC TRAIN.....	1
TRAIN Benefits.....	2
MRC TRAIN Coordinators.....	2
Core Competencies.....	3
Competency Statements.....	3
Core Competencies for Medical Reserve Corps Volunteers.....	3
Future Activities.....	4



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MRC Training and Core Competencies

The National Association of County and City Health Officials
Public Health Foundation



Medical Reserve Corps Training and Core Competencies

As the Medical Reserve Corps (MRC) program has developed, each MRC unit adopted a different approach to training. Some units worked closely with their sponsoring organization to create and adapt localized trainings that best enhance the supplemental role they play in their communities. Others have collaborated with local partners to share existing training resources. Each MRC unit has worked diligently to gain more with less in several areas of operation, such as training. Training programs vary among MRC units.

Some general public health training resources that MRC units may find helpful can be found on the Centers for Disease Control and Prevention's Web site at:

<http://www.phppo.cdc.gov/PHTN/sites.asp>.

Medical Reserve Corps Training/Core Competency Work Group

Shortly after the 2005 MRC National Leadership Conference, the MRC Training/Core Competency Work Group was assembled. The purpose of the work group is to guide the MRC Program Office in developing core competencies and address training issues. The work group has been instrumental in creating MRC-specific core competencies and has assisted with launching MRC TrainingFinder Real-Time Affiliate Integrated Network (TRAIN).

MRC TRAIN

At the 2006 MRC National Leadership and Training Conference, MRC TRAIN was introduced. TRAIN is a learning management system with a centralized, searchable database of courses relevant to public health. MRC TRAIN (<https://www.mrc.train.org/>) is an optional resource that MRC unit coordinators can use to manage their training program locally.

In TRAIN, learning is captured in an online transcript. This personal, printable course transcript is maintained for every registered user.

Through TRAIN, users can:

- Access hundreds of public health courses from nationally recognized course providers. These courses are offered in the form of Web-based learning, on-site learning, and satellite broadcasts.
- Browse this course listing or search by keyword, subject area, course provider, or competency.
- Query the learner records database to generate tailored reports regarding course rosters and individual learning. In this way, TRAIN is a valuable tool for managing public health workforce/volunteer development.



TRAIN Benefits

The MRC TRAIN program offers benefits such as:

- Training is offered in 42 public health-related subject areas
- Skills and competencies are built
- Course providers nationwide can post their courses on TRAIN, making hundreds of learning opportunities available
- Varied modalities of training are accessible
- Each registered user has a personal transcript
- It is continually being upgraded to better meet needs

MRC TRAIN Coordinators

Through MRC TRAIN, MRC coordinators can:

- Establish a training plan specific to their MRC unit using existing courses
- Post online training opportunities
- Capture participation in MRC competency-based training
- Use pre- and post-test measures
- Share resources with other TRAIN states and affiliates
- Avoid duplication of training by using pre-existing courses, saving time, money, and additional resources
- Send rapid announcements to all registered learners in their MRC unit
- Post tailored announcements to MRC volunteers
- Generate reports that detail MRC volunteer training history/progress

To help you learn more about the MRC TRAIN program and how to best manage the system, MRC TRAIN resources are available on the MRC Web site at:

<http://www.medicalreservecorps.gov/TRAINResources>.



Core Competencies

Recommended MRC core competencies also were introduced at the 2006 MRC National Leadership and Training Conference.

MRC members come from various backgrounds and have varying credentials, capabilities, and professional experience.

There is no standard training for MRC members; therefore, how MRC units incorporate training varies. This diversity is one of the program's strengths, but it is challenging to standardize MRC units.

For an MRC to fulfill its mission, MRC members need to be competent to conduct their responsibilities. Training needs to be focused on a common set of knowledge, skills, and abilities.

MRC core competencies:

- Define a core or standard set of activities each MRC member could perform.
- Provide a framework for the program's training component and assist with describing what communities can expect of their MRC units. This uniformity may allow for better interoperability among MRC units and their partners, making collaboration more efficient.

Competencies have proven effective in public health training and assessment and should translate well to MRC units. Developing a core set of competencies for MRC volunteers provided the foundation for future training and development activities of the program.

Competency Statements

Competency statements are descriptive of expected behavior of an individual. A competency can be composed of a range of knowledge, skills, and attitudes, but must be described as an observable or measurable action.

Each competency statement includes a verb and its object. There are two types of competency statements: broad and narrow.

1. Broad competency statements are frequently used in position descriptions or role assignments and are generally measurable only over time or in complex situations.
2. Narrow competency statements often are described as sub-competencies and are needed when planning curricula to teach them. Sub-competencies are used for educational purposes and are generally measurable in the time span of a single class or course.

Core Competencies for Medical Reserve Corps Volunteers

To ensure that MRC units nationwide reach a certain level of proficiency/effectiveness at the local, state, regional, and Federal levels, each MRC member should:

1. Describe the procedure and steps necessary to protect the health, safety, and overall well-being of themselves, their families, the team, and the community.
2. Document that they have an existing personal and family preparedness plan.
3. Describe the chain of command (e.g., Emergency Management Systems, Incident Command System, National Incident Management System), MRC integration, and its application to a given incident.
4. Describe the local MRC unit's role in public health and/or emergency response and its application to a given incident.
5. Describe their communication role(s) and processes with response partners, media, general public, and others.
6. Describe an event's impact on the mental health of volunteers, responders, and others.
7. Demonstrate their ability to follow procedures for assignment, activation, reporting, and deactivation.
8. Identify limits to own skills, knowledge, and abilities as they pertain to the MRC.

Future Activities

The development phase of the core competency project is complete. The next phase is to work with MRC units to help integrate these competencies into training protocols.

The objectives of the next phase are to:

1. *Develop an assessment plan to accompany the core competencies based on the work of the Expert and Stakeholder Working Group (ESWG) Subcommittee on Assessment.*

The ESWG Subcommittee on Assessment produced a draft assessment plan to aid MRC unit leaders and volunteers with assessing whether they can perform each competency. This draft will be used as the basis for an assessment plan to be distributed with the core competencies to MRC units and integrated with MRC TRAIN.

2. *Develop a roster of trainings that will fulfill the core competencies based on the work of the ESWG Subcommittee on Education.*

The ESWG Subcommittee on Education developed a preliminary list of free-of-charge courses, all of which are available online and may help MRC volunteers fulfill the competencies. This list will be expanded and integrated with the MRC TRAIN site through the Public Health Foundation so that MRC units can begin to use the MRC TRAIN site to record their MRC volunteers' accomplishment of the core competencies.

3. *Finalize and implement a marketing and promotion plan for the dissemination of the core competencies based on the work of the ESWG Subcommittee on Marketing and Promotion.*

The ESWG Subcommittee on Marketing and Promotion developed a preliminary plan to disseminate the core competencies among MRC units and create incentives for unit leaders to use the competencies. This plan will be finalized and implemented to assist MRC units with integrating the core competencies into their training protocols as soon as possible.

4. *Develop addendums to the competencies for volunteers who are licensed health professionals.*

Many MRC volunteers are licensed health professionals and must fulfill other pre-existing sets of competencies in their medical roles. These competencies will be integrated with the MRC volunteer core competencies to create more comprehensive requirements for health professionals in the MRC.

5. *Pilot test the competencies at volunteer MRC units.*

Volunteer MRC units will be chosen as pilot sites for the core competencies. These sites will receive guidance on implementing the core competencies and will provide valuable feedback on the competencies' functionality. The feedback provided by the pilot sites will be used to modify the marketing, promotion, and training provided to all MRC units.

To help you learn more about the MRC Core Competencies, core competency resources are posted on the MRC Web site at:

<http://www.medicalreservecorps.gov/TRAINResources>.